

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038869

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 745
FILED NOV 4 1963

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia		c. CITY OR TOWN Moberly	
c. FULL NAME OF (If NOT in hospital, give location) U OF MO Med center		d. STREET ADDRESS (If outside, give location) 708 Union AVE	

3. NAME OF DECEASED (Type or print) ERWIN LEON BLOSS			4. DATE OF DEATH Month 10 Day 30 Year 63		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-21-95	9. AGE (last birthday) 78	10. IF UNDER 1 YEAR Months 7 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector Retiree			11. BIRTHPLACE (City and state or country) Pike County, MO		
13a. FATHER'S NAME ALFRED BLOSS			14. NAME OF HUSBAND OR WIFE Mahala Drummond		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Hospit Record Columbia, MO	
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture abd. aortic aneurysm DUE TO (b) Abdominal aortic aneurysm DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 12 hrs 5 yrs 20 yrs
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 3 a.m. 35 p.m.	Month, Day, Year 10/29/63	20f. CITY, TOWN, OR LOCATION Moberly	COUNTY MO	STATE MO
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 10/29/63	20f. CITY, TOWN, OR LOCATION 10/30/63	COUNTY MO	STATE MO
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21. I attended the deceased from 10/29/63 to 10/30/63 and last saw him live on 10/30/63 Death occurred at 3 35 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Robert H. Miller MD	(Degree or title)	22b. ADDRESS 807 Stadium Road	22c. DATE SIGNED 10-30-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 1-1963	23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	23d. LOCATION (City, town, or county) (State) Moberly, MO
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24. FUNERAL DIRECTOR Cater Funeral Home Moberly Mo.	25. DATE RECD. BY LOCAL REG. Oct 30, 1963	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1 0109
2 0887-
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jerry R. Carter
Licensed Embalmer No. 4906

P. O. Address Moberly, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.